

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) Standard MWR NAF PD					3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field					4. Employing Office Location					5. Duty Station					1. Agency Position No.														
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt					8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest					9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					6. OPM Certification No.																			
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CRI)					11. Position Is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> Managerial <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive <input checked="" type="checkbox"/> Neither					12. Sensitivity					13. Competitive Level Code																			
15. Classified/Graded by					Official Title of Position					Pay Plan					Occupational Code					Grade					Initials					Date				
a. Office of Personnel Management																																		
b. Department, Agency or Establishment																																		
c. Second Level Review					Head Cashier					NF					0530					02					5N 12-31-01									
d. First Level Review																																		
e. Recommended by Supervisor or Initiating Office																																		
16. Organizational Title of Position (if different from official title)										17. Name of Employee (if vacant, specify)																								
18. Department, Agency, or Establishment										c. Third Subdivision																								
a. First Subdivision										d. Fourth Subdivision																								
b. Second Subdivision										e. Fifth Subdivision																								
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.										Signature of Employee (optional)																								
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that										this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																								
a. Typed Name and Title of Immediate Supervisor										b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																								
Signature										Signature																								
Date										Date																								
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.										22. Position Classification Standards Used in Classifying/Grading Position																								
Typed Name and Title of Official Taking Action										OPM Job Family Std ClericalTech Acct Budget Work GS-0500C HRCD-4 Dec 97																								
S. J. NEW										Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																								
Principal Classifier																																		
Signature										Date																								
23. Position Review										12-31-01																								
a. Employee (optional)																																		
b. Supervisor																																		
c. Classifier																																		
24. Remarks																																		

25. Description of Major Duties and Responsibilities (See Attached)

NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE: Head Cashier **POSITION NUMBER** 01-0120 **JOB SERIES:** 0530 **PAY LEVEL:** NF-2

Summary of Duties:

Collects and issues money bags, cash funds, and turn-in bags from sales clerks and locations. Receives, counts and verifies monies received with daily cash reports. Maintains log, and record movements of money bags. Assists in maintaining complete and systematic set of records on all cash transactions.

Assists supervisor on a daily basis in directing subordinates by answering questions, resolving problems which arise, training new employees and insuring the smooth flow of operations.

Checks to ensure the periodic procurement of supplies and equipment required for a efficient operation.

Performs other related duties as assigned.

Minimum Qualifications:

A minimum of one year of experience involving responsible cash processing procedures and policies of MWR, and ability to provide leadership to staff members. Ability to operate a calculator, CRT (computer terminal or PC), and knowledge and application of business mathematics. Must be familiar with and understand MWR policies, orders and regulations relative to the work performed.